

General

Pre Anesthesia Testing Orders

The ambulatory orders in this section are specifically for Pre Anesthesia Testing. For additional PAT orders, please use 'Future Status' and 'Pre-Admission Testing Phase of Care'

[] Other Diagnostic Studies

<input type="checkbox"/> ECG Pre/Post Op	Routine, Ancillary Performed, Status: Future, Expires: S+366, Pre-Admission Testing
<input type="checkbox"/> Pv carotid duplex	Status: Future, Expires: S+366, Routine, Clinic Performed
<input type="checkbox"/> Us vein mapping lower extremity	Status: Future, Expires: S+366, Routine, Clinic Performed

[] Respiratory

<input type="checkbox"/> Spirometry pre & post w/ bronchodilator	Routine, Status: Future, Expires: S+366, Pre-Admission Testing Encounter type?
<input type="checkbox"/> Body Plethysmographic lung volumes	Routine, Status: Future, Expires: S+366, Pre-Admission Testing Encounter type?
<input type="checkbox"/> Diffusion capacity	Routine, Status: Future, Expires: S+366, Pre-Admission Testing Encounter type?
<input type="checkbox"/> Spirometry	Routine, Status: Future, Expires: S+366, Pre-Admission Testing Encounter type?

[] Laboratory: Preoperative Testing Labs - All Facilities

<input type="checkbox"/> CBC with platelet and differential	Routine, Status: Future, Expires: S+366, Clinic Collect LabCorp Has the patient fasted? Pre-Admission Testing
<input type="checkbox"/> Comprehensive metabolic panel	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/> Basic metabolic panel	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/> Prothrombin time with INR	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/> Partial thromboplastin time	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/> Hepatic function panel	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/> Platelet function analysis	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/> Hemoglobin A1c	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/> Type and screen	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/> hCG qualitative, serum screen	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/> POC pregnancy, urine	Routine, Point Of Care, Pre-Admission Testing
<input type="checkbox"/> Urinalysis, automated with microscopy	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing

[] Laboratory: Additional Labs - HMWB, HMSJ, HMSTJ, HMTW

<input type="checkbox"/> Urinalysis screen and microscopy, with reflex to culture	Routine, Status: Future, Expires: S+366, Clinic Collect Specimen Source: Urine Specimen Site: Pre-Admission Testing
<input type="checkbox"/> CBC hemogram	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/> HIV 1, 2 antibody	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing

<input type="checkbox"/>	Syphilis treponemal IgG	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	Hepatitis acute panel	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	Thromboelastograph	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	Vitamin D 25 hydroxy level	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	MRSA screen culture	Routine, Status: Future, Expires: S+366, Clinic Collect, Nares Quest Specimen Source: Pre-Admission Testing
<input type="checkbox"/>	T3	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	T4	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	Thyroid stimulating hormone	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	Prostate specific antigen	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	Laboratory: Additional Labs - HMSL, HMW	
<input type="checkbox"/>	Urinalysis screen and microscopy, with reflex to culture	Routine, Status: Future, Expires: S+366, Clinic Collect Specimen Source: Urine Specimen Site: Pre-Admission Testing
<input type="checkbox"/>	CBC hemogram	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	Rapid HIV 1 & 2	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	Syphilis treponemal IgG	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	Hepatitis acute panel	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	Thromboelastograph	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	Vitamin D 25 hydroxy level	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	MRSA screen culture	Routine, Status: Future, Expires: S+366, Clinic Collect, Nares Quest Specimen Source: Pre-Admission Testing
<input type="checkbox"/>	T3	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	T4	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	Thyroid stimulating hormone	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	Prostate specific antigen	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	Laboratory: Additional Labs - HMM	
<input type="checkbox"/>	Urinalysis screen and microscopy, with reflex to culture	Routine, Status: Future, Expires: S+366, Clinic Collect Specimen Source: Urine Specimen Site: Pre-Admission Testing
<input type="checkbox"/>	CBC hemogram	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	HIV Ag/Ab combination	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	Syphilis treponemal IgG	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	Hepatitis acute panel	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing

<input type="checkbox"/> Thromboelastograph	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/> Vitamin D 25 hydroxy level	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/> MRSA screen culture	Routine, Status: Future, Expires: S+366, Clinic Collect, Nares Quest Specimen Source: Pre-Admission Testing
<input type="checkbox"/> T3	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/> T4	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/> Thyroid stimulating hormone	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/> Prostate specific antigen	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing

Case Request

Case request operating room Scheduling/ADT, Scheduling/ADT

Planned ICU Admission Post-Operatively (Admit to Inpatient Order) (Single Response)

Patients who are having an Inpatient Only Procedure as determined by CMS and patients with prior authorization for Inpatient Care may have an Admit to Inpatient order written pre-operatively.

Admit to Inpatient

Diagnosis:
Admitting Physician:
Level of Care:
Patient Condition:
Bed request comments:
Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights.
Pre-op

Nursing

Vital Signs

Vital signs - T/P/R/BP (per unit protocol) Routine, Per unit protocol, Pre-op

Pulse oximetry Routine, Daily
Current FIO2 or Room Air:
Pre-op

Activity

Activity as tolerated Routine, Until discontinued, Starting S
Specify: Activity as tolerated
Pre-op

Ambulate with assistance Routine, 3 times daily
Specify: with assistance
Pre-op

Nursing Care

Height and weight Routine, Once For 1 Occurrences, Pre-op

Straight cath Routine, Once For 1 Occurrences, Pre-op

Insert and Maintain Foley

Insert Foley catheter Routine, Once
Type:
Size:
Urinometer needed:
Pre-op

<input type="checkbox"/> Foley Catheter Care	Routine, Until discontinued, Starting S Orders: Maintain Pre-op
<input type="checkbox"/> Nasogastric Tube Insert and Maintain	
<input type="checkbox"/> Nasogastric tube insertion	Routine, Once Type: Pre-op
<input type="checkbox"/> Nasogastric tube maintenance	Routine, Until discontinued, Starting S Tube Care Orders: Pre-op
<input type="checkbox"/> Apply warming blanket	Routine, Once, Pre-op
<input type="checkbox"/> POCT bedside glucose	Routine, Once For 1 Occurrences Notify MD for blood glucose LESS THAN 70 or greater than 180, Pre-op
<input type="checkbox"/> Limb precautions	Location: Precaution: Pre-op
<input checked="" type="checkbox"/> Confirm NPO Status	Routine, Until discontinued, Starting S, Pre-op
<input checked="" type="checkbox"/> Complete Consent For	Routine, Once Procedure: Diagnosis/Condition: Physician: Pre-op

Notify Physician

<input checked="" type="checkbox"/> Notify Physician if current oral intake status could potentially delay procedure start time	Routine, Until discontinued, Starting S, if current oral intake status could potentially delay procedure start time, Pre-op
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Diet

<input type="checkbox"/> NPO	Diet effective now, Starting S NPO: Pre-Operative fasting options: Pre-op
<input type="checkbox"/> NPO-After Midnight	Diet effective midnight, Starting S+1 at 12:01 AM NPO: Pre-Operative fasting options: Pre-op
<input type="checkbox"/> NPO- Except sips with meds	Diet effective now, Starting S NPO: Except Sips with meds Pre-Operative fasting options: Pre-op

IV Fluids

Insert and Maintain IV

<input checked="" type="checkbox"/> Initiate and maintain IV	
<input checked="" type="checkbox"/> Insert peripheral IV	Routine, Once, Pre-op
<input checked="" type="checkbox"/> sodium chloride 0.9 % flush	10 mL, intravenous, every 12 hours scheduled, Pre-op
<input checked="" type="checkbox"/> sodium chloride 0.9 % flush	10 mL, intravenous, PRN, line care, Pre-op

IV Bolus (Single Response)

<input type="checkbox"/> sodium chloride 0.9 % bolus 500 mL	500 mL, intravenous, for 15 Minutes, once, For 1 Doses, Pre-op
<input type="checkbox"/> sodium chloride 0.9 % bolus 1000 mL	1,000 mL, intravenous, for 30 Minutes, once, For 1 Doses, Pre-op
<input type="checkbox"/> lactated ringer's bolus 500 mL	500 mL, intravenous, for 15 Minutes, once, For 1 Doses, Pre-op
<input type="checkbox"/> lactated ringers bolus 1000 mL	1,000 mL, intravenous, for 30 Minutes, once, For 1 Doses, Pre-op

Maintenance IV Fluids (Single Response)

<input type="checkbox"/> sodium chloride 0.9 % infusion	30 mL/hr, intravenous, continuous, Pre-op
<input type="checkbox"/> lactated Ringer's infusion	30 mL/hr, intravenous, continuous, Pre-op
<input type="checkbox"/> dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion	30 mL/hr, intravenous, continuous, Pre-op
<input type="checkbox"/> sodium chloride 0.45 % infusion	30 mL/hr, intravenous, continuous, Pre-op
<input type="checkbox"/> sodium chloride 0.45 % 1,000 mL with sodium bicarbonate 75 mEq/L infusion	30 mL/hr, intravenous, continuous, Pre-op

Medications

Buffered Lidocaine - HMM

<input checked="" type="checkbox"/> lidocaine 1% buffered with 8.4% sodium bicarbonate(1 mL) injection	0.5 mL, subcutaneous, once, For 1 Doses, Pre-op May use up to 0.5 milliliters for comfort, PreOp use only.
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Lidocaine - Non HMM

<input type="checkbox"/> lidocaine PF (XYLOCAINE) 10 mg/mL (1%) injection	0.5 mL, subcutaneous, once, For 1 Doses, Pre-op May use up to 0.5 milliliters for comfort, PreOp use only.
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Beta-Blockers

<input type="checkbox"/> metoprolol (LOPRESSOR) injection	5 mg, intravenous, once, For 1 Doses, Pre-op HOLD parameters for this order: Contact Physician if:
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Antibiotics: For Patients GREATER than 120 kg (Single Response)

<input type="checkbox"/> cefazolin (ANCEF) IV - For Patients GREATER than 120 kg	3 g, intravenous, once, For 1 Doses, Pre-op On call to the operating room. Administer one hour prior to the opening incision. Reason for Therapy:
<input type="checkbox"/> cefoxitin (MEFOXIN) IV	2 g, intravenous, once, For 1 Doses, Pre-op On call to the operating room. Administer one hour prior to the opening incision. Reason for Therapy:
<input type="checkbox"/> ertapenem (INVanz) IV	1 g, intravenous, once, For 1 Doses, Pre-op On call to the operating room. Administer one hour prior to the opening incision. Reason for Therapy:
<input type="checkbox"/> ampicillin-sulbactam (UNASYN) IV	3 g, intravenous, once, For 1 Doses, Pre-op On call to the operating room. Administer one hour prior to the opening incision. Reason for Therapy:

Antibiotics: For Patients LESS than or EQUAL to 120 kg (Single Response)

<input type="checkbox"/> cefazolin (ANCEF) IV - For Patients LESS than or EQUAL to 120 kg	2 g, intravenous, once, For 1 Doses, Pre-op On call to the operating room. Administer one hour prior to the opening incision. Reason for Therapy:
<input type="checkbox"/> cefoxitin (MEFOXIN) IV	2 g, intravenous, once, For 1 Doses, Pre-op On call to the operating room. Administer one hour prior to the opening incision. Reason for Therapy:
<input type="checkbox"/> ertapenem (INVanz) IV	1 g, intravenous, once, For 1 Doses, Pre-op On call to the operating room. Administer one hour prior to the opening incision. Reason for Therapy:
<input type="checkbox"/> ampicillin-sulbactam (UNASYN) IV	3 g, intravenous, once, For 1 Doses, Pre-op On call to the operating room. Administer one hour prior to the opening incision. Reason for Therapy:

Antibiotics: If Beta-Lactam Allergy

<input type="checkbox"/> metronidazole (FLAGYL) IV	500 mg, intravenous, once, For 1 Doses, Pre-op On call to the operating room. Administer one hour prior to the opening incision. Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> ciprofloxacin (CIPRO) IV	400 mg, intravenous, for 60 Minutes, once, For 1 Doses, Pre-op On call to the operating room. Administer one hour prior to the opening incision. Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis

Antibiotics: MRSA Suspected

<input type="checkbox"/> vancomycin (VANCOCIN) IV	15 mg/kg, intravenous, once, For 1 Doses, Pre-op On call to the operating room. Administer one hour prior to the opening incision. Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
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VTE

Labs

Labs - Not HMW

<input type="checkbox"/> CBC and differential	Once, Pre-op
<input type="checkbox"/> Basic metabolic panel	Once, Pre-op
<input type="checkbox"/> Comprehensive metabolic panel	Once, Pre-op
<input type="checkbox"/> Partial thromboplastin time	Once, Pre-op
<input type="checkbox"/> Prothrombin time with INR	Once, Pre-op
<input type="checkbox"/> Amylase	Once, Pre-op
<input type="checkbox"/> Calcium	Once, Pre-op
<input type="checkbox"/> Magnesium	Once, Pre-op
<input type="checkbox"/> Phosphorus	Once, Pre-op
<input type="checkbox"/> Type and screen	Once, Pre-op
<input type="checkbox"/> Pregnancy, urine	Once, Pre-op
<input type="checkbox"/> Urinalysis screen and microscopy, with reflex to culture	Once Specimen Source: Urine Specimen Site: Pre-op

Labs - HMW Only

<input type="checkbox"/> CBC and differential	Once, Pre-op
<input type="checkbox"/> Basic metabolic panel	Once, Pre-op
<input type="checkbox"/> Comprehensive metabolic panel	Once, Pre-op
<input type="checkbox"/> Partial thromboplastin time	Once, Pre-op
<input type="checkbox"/> Prothrombin time with INR	Once, Pre-op
<input type="checkbox"/> Amylase	Once, Pre-op
<input type="checkbox"/> Calcium	Once, Pre-op
<input type="checkbox"/> Magnesium	Once, Pre-op
<input type="checkbox"/> Phosphorus	Once, Pre-op
<input type="checkbox"/> Lactic acid, I-Stat, venous	Once, Pre-op
<input type="checkbox"/> Type and screen	Once, Pre-op
<input type="checkbox"/> POC pregnancy, urine	Once, Pre-op
<input type="checkbox"/> Urinalysis screen and microscopy, with reflex to culture	Once Specimen Source: Urine Specimen Site: Pre-op

Cardiology

Cardiology

<input type="checkbox"/> ECG 12 lead	Routine, Once Clinical Indications: Interpreting Physician: Pre-op
<input type="checkbox"/> CV pacemaker defib or ilr interrogation	Routine, Once, Pre-op

Imaging

X-Ray	
<input type="checkbox"/> Chest 1 Vw Portable	Routine, 1 time imaging For 1 , Pre-op
<input type="checkbox"/> XR Abdomen 1 Vw Portable	Routine, 1 time imaging For 1 , Pre-op

Other Studies

Neurophysiology	
<input type="checkbox"/> Intraoperative monitoring	Routine, Once Procedure: O.R. Location: Modality: Pre-op

Respiratory

Respiratory	
<input type="checkbox"/> Oxygen therapy nasal cannula 2 Lpm	Routine, Continuous Device 1: Nasal Cannula Rate in liters per minute: 2 Lpm Rate in tenths of a liter per minute: O2 %: Titrate to keep O2 Sat Above: 90% Indications for O2 therapy: Device 2: Device 3: Indications for O2 therapy: Pre-op

Rehab

Consults

Ancillary Consults	
<input type="checkbox"/> Consult to Case Management	Consult Reason: Pre-op
<input type="checkbox"/> Consult to Social Work	Reason for Consult: Pre-op
<input type="checkbox"/> Consult PT eval and treat	Special Instructions: Weight Bearing Status:
<input type="checkbox"/> Consult PT wound care	Special Instructions: Location of Wound? Pre-op
<input type="checkbox"/> Consult OT eval and treat	Special Instructions: Weight Bearing Status:
<input type="checkbox"/> Consult to Nutrition Services	Reason For Consult? Purpose/Topic: Pre-op
<input type="checkbox"/> Consult to Spiritual Care	Reason for consult? Pre-op
<input type="checkbox"/> Consult to Speech Language Pathology	Routine, Once Reason for consult: Pre-op

Consult to Wound Ostomy Care nurse

Reason for consult:
Reason for consult:
Reason for consult:
Reason for consult:
Consult for NPWT:
Reason for consult:
Pre-op

Consult to Respiratory Therapy

Reason for Consult?
Pre-op

Additional Orders